

WIC PROXY FORM

Local Agency Name

During _____, I give permission for _____ to pick up
and/or redeem my WIC checks. I certify that this person is at least 18 years of age.

Signature of Responsible Party

Date

(To Be Filled in by WIC Staff)

Name of Participant

Client Number

Check Numbers

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Proxy

Date

Signature of Local Agency Staff Member

Date

IMPORTANT REMINDER

The person you designate as your proxy must bring proof of his/her identification and this completed form to the WIC office or on voucher pick-up day in order for a proxy card to be issued. The proxy ID card(s) must be shown to the vendor when redeeming the vouchers. A proxy cannot be issued more than one (1) month's worth of vouchers at a time.

NOTE: Participants are responsible for informing their proxy of voucher pick-up schedules. A copy of this form must be placed in each participant's file.

This institution is an equal opportunity provider.